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	OCT 3 1 2006	<i>(</i>	P A or <u>Fax</u> (\$	(ail Stop ISSUE FEE ommissioner for Pate O. Box 1450 lexandria, Virginia 22 71)-273-2885	2313-1450		
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maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				ore: A certificate of mailing le(s) Transmittal. This certifi- pers. Each additional paper, we its own certificate of mai	icate cannot ne used to	T SOV OTDET ACCOMMADAIN	
23347 7590 08/01/2006 GLAXOSMITHKLINE CORPORATE INTELLECTUAL PROPERTY, MAI B475 FIVE MOORE DR., PO BOX 13398 RESEARCH TRIANGLE PARK, NC 27709-3398				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
				Valuic L. J Valerie X 10/31/06	Phillips Ohilly	(Depositor's name) (Signature) (Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR ATTO:	RNEY DOCKET NO.	CONFIRMATION NO.	
10/530,101	04/01/2005		Kristjan S Gudmundss		PU4959U\$W	7560	
TITLE OF INVENTION: THERAPEUTIC COMPOUNDS BASED ON PYRAZOLOPYRIDINE DERIVATIVES							
APPLN. TYPE	SMALL ENTITY	issur fee due	PUBLICATION FEE DU	E PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	SO	\$1700	11/01/2006 871392 10530101	
EXAMINER ART UNIT			CLASS-SUBCLASS 10/31/2306 TBESHAH2 00200038 071392 10530101				
BALASUBRAMANIAN, VENKATARAMAN 1624 514-256000 1/ACP. GO UN							
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent from page, list 64 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, U3 1 1 10000000000000000000000000000000				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Smithkline Beecham Congration Philadelphia, PA							
Please check the appropri	iate assignee category or	categories (will not be pr	inted on the patent) :	☐ Individual ☐ Corporati	ion or other private gro	up entity Government	
4a. The following fee(s) are submitted: Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies L							
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status, See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
NOTE: The Issue Fee and Publication Fee(if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Upited Spaces Patent and Trademark Office.							
Authorized Signature			Date 30 Oct 2006				
Typed or printed name Torie Ann Morgan			Registration No. 38, 181				
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